lucrative they are, and may need to practice in areas that yield higher fees and thus higher incomes, thereby adversely affecting physician distribution and health care cost containment.

2. Many bright, well-qualified and sincere students desiring medical education may be drawn toward other occupations merely because they cannot afford the cost of education.

3. Medical school classes may become homogeneous mixtures of the sons and daughters of the wealthy.

4. Students may take on outside employment during school, when valuable time is best spent studying medicine.

In summary, rapidly escalating costs of medical education, combined with dwindling sources of scholarships and low-interest loans, yield the prospect of serious problems in the training of young physicians.

Perhaps the best way to assist medical students in need of financial aid is via the establishment by the medical profession and by society of a substantial low-interest revolving loan fund at the medical schools. This fund would be administered by the financial aid offices, where documentation of financial need for students is maintained in confidential records. As with other loans, medical students could defer payment of such loans until after completion of their residency training, at which time the borrowed money would be returned to the loan fund over a permissible pay-back period (such as ten years). In the past, medical students have demonstrated an unusually responsible record in repaying loans with a very low default rate.

In an effort to preserve equal access to medical education and freedom of career choice, we request the serious consideration by physicians themselves and others in medicine of the establishment of a revolving low-interest loan fund for medical students.

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In Praise of the Triplicate

TO THE EDITOR: Not too many years ago it was part of my task as the Idaho Medical Association president to make the rounds of component societies pounding the drum for the various programs we had under way. One of these was the program requiring the use of "triplicate prescriptions" for controlled substances.

At first these prescriptions were greeted with considerable grumbling and foot-dragging. Even the members of our Board of Trustees were divided in their opinions. One of the newer members (I remember labeling him as a "young Turk") stoutly declared that the legislature and the State Board of Pharmacy were driving a wedge between doctors and patients.

At that time I, too, had a few misgivings that I could not, for obvious reasons, admit to my colleagues. It has been gratifying, therefore, to watch the program win unqualified approval in Idaho as the years rolled by.

In adopting the triplicate prescription concept Idaho was again following the lead of the state of California, where triplicate prescribing for narcotics has been required since 1939 and for all Schedule II drugs since 1981. Last year the state of Texas followed suit.

Can the success of this system of prescribing be documented in these two western states, California and Idaho, with their years of accumulated experience? In a personal communication, S. C. Helsley, chief of the California Bureau of Narcotic Enforcement, stated, "Based on information through undercover operations and by contacts with professional organizations and regulatory agencies we are very sure that the system has a very powerful deterrent effect."

Doyle C. Miner, executive director of the Idaho Board of Pharmacy, wrote, regarding the effectiveness of the program, "Although it is quite difficult to document, probably the best yardstick is the 70 percent decrease in Schedule II purchases in the pharmacies of the state. Another measure is the tremendous decrease in forgeries of Schedule II prescriptions."

It is my understanding that Oregon, Washington and Utah are looking into the possibility of adopting a triplicate program. I was pleasantly surprised to note that at the annual meeting of the Oregon Medical Association a representative of the Idaho Medical Association addressed the OMA delegates, expressing strong approval of the triplicate prescription system. And who was this physician who was pounding his drum? You guessed it: None other than that "young Turk" of another day, now the dynamic president of the Idaho Medical Association.

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